

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 184

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Tammy Duckworth

A. Full Name (Last, First, Middle Initial) Bettylu Saltzman Mailing Address California Ave. at 14th St. City Chicago State IL Zip Code 60608 FEC ID number of contributing federal political committee. C Name of Employer Mount Sinai Hospital Medical Center Occupation Chair Person Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4200.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6 Transaction ID: C220952 Amount of Each Receipt this Period 2100.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) John Samolis Mailing Address 221 Alpine Dr City Lake Zurich State IL Zip Code 60047-1329 FEC ID number of contributing federal political committee. C Name of Employer Alliant Credit Union Occupation Human Resources Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6 Transaction ID: C219772 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) Manuel Sanchez Mailing Address 2137 Scarlet Oak Ln City Lisle State IL Zip Code 60532-2855 FEC ID number of contributing federal political committee. C Name of Employer Sanchez Sanchez & Santoliguido LLP Occupation Attorney Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6 Transaction ID: C219775 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2850.00

TOTAL This Period (last page this line number only)